

2013

Lacrosse Information

Please Circle League

Boys

2nd-4th Grade

5th-6th Grade

7th-8th Grade

Girls

2nd-4th Grade

5th-8th Grade

FEES-ALL AGES

Raleigh Residents \$48

Non-Resident \$60

**Payment must be made by Credit Card,
Check, or Money Order payable to the
City of Raleigh. — No refunds will be
given after player placement.**

Home practices and games will primarily be held
at either Halifax Park, Kiwanis Park or Buffaloe
Road Park. This league also plays against other
local towns and some travel may be required.

Buffaloe Road Athletic Park

5812 Buffaloe Road, Raleigh, NC 27616

Halifax Park

1015 Halifax Street, Raleigh, NC 27604

Kiwanis Park

2525 Noble Rd. 27608



Athletics 6539

Raleigh Parks & Recreation
P.O. BOX 590
Raleigh, NC 27690-0250



2013

Youth Boys and Girls

Lacrosse

Registration

January 14 - 25

Athletics Division
2401 Wade Avenue
Raleigh, NC 27607
Phone: 919-831-6836
parks.raleighnc.gov/athletics

Please register in person at any
City of Raleigh Parks and Recreation
Community Center.

"Where Sportsmanship Redefines Competition"

City of Raleigh Parks and Recreation Youth Lacrosse Registration 2013

****All returning players must register annually****



The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Player's Name: _____ Sex: M or F Date of Birth: ____/____/____ (Child's Grade)

Parent/Guardian Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone : _____ Work Phone: _____

____ Check here if returning to same age group Previous Team: _____ Center: _____

Jersey Size: YS YM YL YXL AS AM AL AXL

Non-Parent Emergency Contact: _____ Phone #: _____

****We are unable to accommodate any "play-up" or special requests.****

List any Medical Problems or Special Needs: _____

The Raleigh Parks & Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation the more time we have to make reasonable accommodations to improve a participants experience with us.

Special Medical Circumstances: (i.e. cancer, physical disabilities, blindness, deafness or diabetes.) The City of Raleigh recommends that parents or guardians consult the participant's pediatrician or health care professionals to assess the participant's fitness to take part in our program. It is required that parents or guardians provide in writing additional instructions to the participant. The written instruction should be developed with the assistance of the participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the camper.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Photography Waiver: Pictures may be taken of my child while participating in City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

Non-Discrimination Policy: The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, natural origin, sex, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh parks and recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Release and Indemnity Agreement: I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks. By signing the basketball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

PARENT/GUARDIAN SIGNATURE

DATE _____

VOLUNTEER COACHES - Volunteer coaches work with teams under the direction of the Raleigh Parks and Recreation Department. Coaches are certified through the American Sports Education Program.

Would you or your spouse be interested in coaching?

YES ____ NO ____ Head Coach ____ Assistant Coach ____

For Office Use Only:

League Age & Grade _____

Verified By: _____

Team: _____

League: _____

Receipt #: _____

Fee Paid: _____

Registered @ _____